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ABSTRACT

Specific issues relevant to the emergency health preparedness of schools and the key roles and expectations applicable to teachers are outlined. It is noted that, while issues of legal liability relevant to teachers are complex, teachers are expected to: (1) anticipate possible risk or harm involved in activities; (2) give adequate warning of possible adverse consequences of an event or situation; (3) avoid risks or harm to students as far as possible; and (4) provide emergency assistance consistent with the policies and procedures of the school board. Recommendations are made on first aid and emergency care training and responsibilities: (1) Teachers should be fully prepared to be the first to respond in an emergency situation; (2) First aid supplies must be readily available and teachers knowledgeable about their use; (3) Complete information on the health status of every student should be available; (4) Official notification cards for every student should be on file; and (5) All teachers should be properly trained in first aid involving a life-threatening situation. (JD)

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ABSTRACT

Emergency Health Preparedness: Expectations for Teachers

by

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Since teachers act in loco parentis, or in place of the parents, during the school day, they have a recognized responsibility to provide for the safety and well being of students. Such responsibility to a reasonable degree, involves the emergency health preparedness of teachers and the extent to which they can assist students who are injured or suddenly become ill. Conceivably, accidental injuries and sudden illnesses can and will occur during the school day. Emergency conditions involving stoppage of breathing and/or circulation, severe bleeding, anaphlyaxis, drug overdose, grand mal epileptic seizures, insulin reactions, and others demand immediate and appropriate first aid. In some instances, the response time of an emergency medical services (EMS) system may not be rapid enough to ensure the survival of a child or youth who has a life threatening injury or illness. In this regard, teachers, if properly trained in immediate and temporary life saving measures, can serve as first responders, thereby helping to sustain the life of an individual until emergency care personnel arrive at the scene. Optimally, schools must take specific steps to establish an overall emergency health preparedness plan which involves all necessary types of personnel.

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Emergency Health Preparedness: Expectations for Teachers

Introduction

During the school day, personnel including administrators, teachers, counselors, school nurses, custodians, secretaries, and significant others serve in loco parentis, or in place of the parents, and thus have a recognized responsibility to provide for the safety and well being of the students. The purpose of this article is to explore the moral and legal expectations specifically imposed on teachers relative to emergency health preparedness. The discussion presented will address (1) legal liability and (2) first aid and emergency care training and responsibilities.

Legal Liability

The issue of liability relevant to teachers is somewhat complex, but generally such individuals are expected to act in a reasonable and prudent manner. A duty not to contribute to or increase the potentiality of accidental injury or sudden illness of students is an implicit expectation imposed on all teachers. In particular, teachers, because of the special relationship they share with their students, are expected to perform the following:

1. Exercise Foreseeability. A teacher should be reasonably able to anticipate risk or harm that could befall his students. For example, a teacher who applies good judgement in the course of carrying out his expected duties should be capable of determining that a slippery surface students are playing on could be a cause of falls and related injuries, or a strong chemical solution mixed

in a science classroom if splashed into the eyes, could be a cause of unnecessary eye injury. The same type of expectation would hold true for the home economics classroom where possibly the students are using oven cleaner or conceivably using sharp knives and dutting utensils; the shop classroom where comparably dangerous substances or tools might be used; or the physical education facility where certain equipment or apparatus are typically employed. Although teachers are not expected to be mystics, they are expected to carefully consider or foresee potential risks to the best of their ability.

2. Give Adequate Warning of Instruction. The major consideration here is whether the teacher in the course of his supervisory and instructional responsibilities forewarns students in a clear and explicit way of the possible adverse consequences of an event or situation. Therefore, in the examples mentioned above, the teacher in each case would be expected to inform his students of what could happen if proper directions are not followed. Such directions could be given verbally or in written form. Recognizably, a student could still very well cut himself with a sharp knife in home economics or injure himself on gymnasium apparatus in physical education, but again the major consideration is whether and to what extent the teacher took measures to clarify student role expectations in the conduct of a certain teaching/learning activity, and in doing so made reasonable efforts to reduce or avert harm to his students.

3. Take Action to Avoid Risks or Harm to Students. Some high risk situations are amenable to remediation by the simple act

of abstinence or avoidance. At times, a teacher may find it more prudent to eliminate a dangerous activity altogether if he feels the personal dangers outweight the instructional benefits. For example, if a junior high school shop teacher believes a certain electric saw is too dangerous for students to use, he might alter the requirements of his class project or, if feasible, do whatever cutting is necessary on the electric saw himself. In another instance, a teacher who is supervising an outdoor play activity on a particular area of the playfield might find that certain hazards are present such as broken glass or large divots in the turf. Thus, it would be the teacher's responsibility to discontinue the activity until he can relocate the students to another suitable area of the playfield or perhaps take the students into a multi-purpose room or gymnasium.

4. Provide Emergency Assistance That Is Consistent with the Policies and Procedures of the School Board. It has long been suggested by school health authorities that each school district should develop and maintain up-to-date first aid and emergency care policies and procedures. Such policies and procedures should be written and made available to teachers who should consider them as the overall guidelines to follow in the event of an emergency. Therefore, it behooves every teacher to become totally familiar with the policies and procedures of his school district and to act consistently with them when accidental injury or sudden illness occurs. A planned orientation for all new teachers on how to handle specific student injuries should be given at the start of each school year. In addition, this orientation should provide

teachers with information on how to recognize signs and symptoms of sudden illness and what actions to take. All teachers should know of any students who are in their classes that have pre-existing medical conditions. A list specifying the student's name and condition should be provided to each teacher, updated periodically, and, if necessary, the teacher should consult with the school nurse for additional information. In this way, teachers can better anticipate complications that may be associated with such medical problems as diabetes, epilepsy, hemophilia, allergies, asthma, and others.

Furthermore, teachers should have the skill proficiency necessary to effectively intervene as first responders, particularly for those emergencies that are life threatening including stoppage of functional breathing or circulation, foreign body obstruction of the airway, severe bleeding, oral poisoning, severe anaphylactic reaction, insulin shock, and acute drug overdose. Unfortunately, some school officials rely totally on the emergency medical services (EMS) system in their community should a crisis situation occur during school hours. However, in practice, emergency rescue personnel often can have a response time of five minutes or more, a period in which a victim can feasibly suffer permanent biological brain damage as a result of breathing cessation; hemmorhage to death in a minute or less due to severe bleeding; or develop a lethal shock condition. Because the issue here is the safety and well being of children and youth, the infrequency of the aforementioned crises occurring is a weak argument for not being prepared.[1-3]

First Aid and Emergency Care Training and Responsibilities

Obviously, there is an urgent need for teachers to be trained in first aid and emergency care and cardiopulmonary resuscitation (CPR) if they are to effectively respond within seconds or the very first minutes of a crisis situation. Since teachers are so often serving in a supervisory capacity and spend the vast majority of time with students, who is in a better position to offer the most immediate aid? Pragmatically, nurses, because of budgetary restrictions and other logistical reasons, are not always available at a given school on a daily basis. In fact, this is often the case. In these hard economic times some schools have elected to employ health aides to serve in place of qualified nurses. Such positions call for the individual to assume the responsibilities of a school nurse without having any specific health care background. Unquestionably, health aides should not be thought of as substitutes for teachers who are properly trained in first aid and CPR. By the same token, physical education teachers and coaches might conceivably be thought of by some as likely individuals having up-to-date background in emergency care, but this is not always true. Moreover, could their availability or the availability of any select few to render immediate aid be insured in, for example, a large school? The underlying tenet of these comments is that all teachers need to be prepared to act as first responders. Reliance on the "other person who presumably knows more" is indeed a false sense of security.

Curiously, certain school policies have been most emphatic

about maintaining first aid supplies for special reasons. As an example, California, in its education code, specifies that minimum first aid supplies must be taken on any school sponsored field trip. Within the education code the following is stated:

> The governing board of any school district, superintendent of schools, or principal in whom is vested the administration or supervision of any public or private school in the state shall equip the school with a first aid kit, whenever any pupils of the school are conducted or taken on field trips under the supervision or direction of any teacher in, or employee or agent of, the school.
>
> The teacher, instructor, agent or employee shall have the first aid kit in his possession, or immediately available, while conducting the field trip.[4]

Logically, one may well question why the California Education Code is so explicit about the first aid supplies to be taken on field trips, yet does not give equal attention to the training teachers would need to have in order to effectively utilize such supplies during the rendering of first aid. In other words, why is it presumed that if an emergency situation occurred, teachers would possess the knowledge and skills necessary to utilize available first aid supplies? One plausible response might be related to the possible storage of a first aid textbook with whatever first aid supplies are maintained by a school. In essence, some school systems keep a first aid textbook such as one published by the American Red Cross or other written directions with their first aid supplies. Apparently, the notion here is that reference to specific reading material could be made at the time of need. Perhaps this thinking might have some validity with regard to less urgent conditions that are not life threatening, but can it be

justified when a person's life support systems are in jeopardy? Can a teacher who must administer artificial ventilation to a non-breathing child be expected to refer to a first aid textbook for directions on the procedures to be followed?

It should be noted that any reference to first aid and emergency care as it applies to a teacher refers to "immediate and temporary" assistance only. Such assistance should not be confused with emergency medical treatment that is routinely rendered by specially trained rescue personnel such as emergency medical technicians or paramedics. Rescue personnel who are dispatched to a school emergency ideally should have the capability to attempt stabilization of the victim at the scene and during transportation to a base hospital, where continued treatment is available.

To facilitate the clearance of any necessary medical treatment, official notification cards for students (as well as for all personnel) should be on file at every school in a designated and accessible area. These cards should include the following information: (1) the names, locations, and phone numbers of parents/guardians and an alternate individual who can be contacted, (2) a preferred physician, dentist, hospital, or medical facility, and (3) a permit signed by a parent/guardian giving the school authorization to obtain emergency medical treatment in the event that a parent/guardian cannot be reached. In addition, designated individuals at each school should be totally familiar with the characteristics unique to the EMS system that serves their geographic area, the average response time of this system, and most importantly, how to activate the system and enter an injured or ill student into

its operation. All important telephone numbers should be clearly posted by each school telephone including the numbers of the school nurse and physician, fire and police departments, hospital, ambulance service, and poison control center. Knowing in advance how to secure the assistance of these agencies by telephone is of paramount importance. In many communities across the country, an individual can activate emergency mobile units by dialing the telephone number 911. If the 911 number is unavailable, the second preferred alternative is the specific emergency telephone number for a given community listed in the telephone directory or available through the police or fire departments. A less desirable strategy is dialing the operator for emergency assistance; often this is an indirect and time consuming approach. The dialing of the proper emergency telephone number should be periodically practiced prior to the occurrence of an actual crisis situation so that early entry of an injured or ill student into an EMS system can be accomplished.[1]

As a standing policy, all teachers should be required to complete an accident/illness report subsequent to every serious incident. This report should be kept on file in the administrative office and should include the location and circumstances of the incident, the time and date that such took place, who was involved, witnesses who observed the incident, the kind of first aid administered, and follow-up medical treatment, if any, that was necessary.

In the event of an accidental injury or sudden illness, every teacher must know his role. As alluded to earlier, all teachers optimally should be properly trained. Such training should include

the completion of a standard or advanced first aid course offered by the American Red Cross and a basic provider's course in CPR offered by the American Red Cross or the American Heart Association. To assist teachers in obtaining this training, school administrators should develop in-service workshops which can be given on the school campus and for which teachers can receive salary increments for completing.[5] Although past recommendations have been made that at least one to three members of a faculty should be trained in first aid and emergency care, it is again asserted by this author that such a recommendation may not ensure adequate emergency health preparedness. Indeed, the issue here is whether school personnel, acting in loco parentis, can afford to gamble when it comes to the safety and well being of a child or youth. Emergency health preparedness is the responsibility of the district superintendent and the principal of each school. School administrators should have a working relationship with community agencies involved with emergency services and should consult with them whenever necessary.

With regard to first aid supplies, three important concerns must be dealt with: (1) where shall these supplies be located, (2) what shall they consist of, and (3) who will have responsibility for their maintenance. Often, requirements relative to these concerns are determined at the state or local district levels. Even though schools are expected to minimally comply with established requirements, they can opt to exceed minimal expectations as long as they do not enter the realm of emergency medical treatment. Desirably, first aid supplies should be located in every classroom. More specifically, careful attention should be given to supplies

available in science laboratories, industrial arts and home economic classrooms, gymnasiums and athletic facilities, and cafeteria and lunchroom areas. Additionally, the administrative office or health office should centrally maintain first aid supplies and establish a first aid facility that permits injured students and those with non-communicable illnesses to be separated from those with communicable illnesses. All school personnel including teachers should know the locations of available first aid supplies and know how to properly use them.

The general responsibilities of a school during an emergency are to provide immediate and temporary aid, if necessary enter the victim into an EMS system, notify the parents/guardians, and ensure that the injured or ill student is placed under the responsible care of the parents/guardians or a designated medical or dental practitioner. Attempts to notify parents/guardians should be made as early as practical but should be done in a calm and discrete manner. Under no circumstances should an injured or ill student be sent home without a responsible person to accompany him or when a responsible person is not at home.[6]

Although general directions for first aid and emergency care can never be unequivocably outlined, the two most urgent priorities are to (1) establish or maintain functional respiration and circulation and (2) control life threatening bleeding. In response to a serious injury or illness the teacher should perform the following:

1. Take a few brief moments to survey the situation and assess what has occurred and how many people are involved.

2. If possible, give someone an affirmative directive to notify the administrative office that the EMS system should be activated. If the teacher is alone he should yell out for help with the hopes that someone will hear him.

3. Determine if the victim is unconscious, and if so, open the victim's airway, check for breathing, and administer artificial respiration or complete CPR if necessary.

4. Control serious bleeding by using appropriate direct pressure, elevation, and pressure point techniques.

5. Treat the victim for shock by maintaining normal body temperature and by keeping the victim in an appropriate body position.

6. Keep a victim with suspected neck or back injury lying still. In this case, if the victim is not breathing, a special technique (jaw thrust without head tilt) should be utilized to open the victim's airway so that resuscitation efforts can be made.

7. Loosen any tight, constricting clothing of an unconscious victim. Allow secretions to drain from the victim's mouth by carefully turning his head to one side (as long as there are no contraindications). Never try to administer fluids to an unconscious victim.

8. Provide overall supervision at the emergency scene as well as possible until other responsible individuals arrive.

Specific information and skill competencies for respiratory and cardiac arrest; severe bleeding; oral poisoning and drug overdose; head, neck, and back injuries; insulin shock; diabetic coma; grand mal epileptic seizures; fractures, sprains, and dislocations;

electrocution; and other conditions that would require first aid and emergency care during the school day should be acquired through courses of instruction taught through the American Red Cross and the American Heart Association. If teachers are to be able to actually perform emergency skills, they must have the opportunity to first apply them in supervised practice sessions.

Summary

Even though teachers are not expected to function as specially trained rescue personnel, they nevertheless should be prepared to provide immediate and temporary aid as first responders. Moreover, schools as institutions serving the welfare of students, should take deliberate measures to ensure that in a crisis situation, all that is humanly possible can be undertaken to safeguard the well being of an injured or ill student. To this end, it was the intent of this article to raise some specific issues relevant to the emergency health preparedness of schools and the key roles and expectations applicable to teachers.

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